



Washington State

John R. Justice State Loan Repayment Program

2015-2016 APPLICATION

*This application (with original ink signature) and all completed attachments must be postmarked no later than April 1, 2016.
 Faxed and emailed copies will not be accepted.*

Please type or print legibly, using ink not pencil.

Last Name:		First Name:		MI:
Address:			City:	
State:	Zip:	Phone (include area code):		
Driver's License #:		State:	Birth date:	
I am a: <input type="checkbox"/> Prosecuting Attorney <input type="checkbox"/> Public Defender			SSN:	
Email (required):				
Adjusted Gross Income (AGI) from your 2014 IRS Form 1040, 1040A or 1040EZ (Please Note: Upon program acceptance, you will be required to submit a copy of your 2014 IRS Tax Forms to verify income.)				\$
Employer Name:				
Employer Address:				
Contacts: Provide two contacts with addresses <u>different from your own and different from each other</u> that will always know your current address. The first contact should be a relative but not a spouse.				
Contact One:			Contact Two:	
Name				
Permanent Address				
City, State, Zip Code				
Area Code/Telephone				
Relationship to Recipient				
LOAN AND LENDER INFORMATION:				
Do you or have you ever had a judgment lien against your property for a debt to the United States? Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.				<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you or have you ever breached a prior service obligation to the Federal/State/local government or other entity even if you have since satisfied the obligation?				<input type="checkbox"/> No <input type="checkbox"/> Yes

Last Name:	First Name:	
Do you or have you ever defaulted on any Federal payment obligations?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you or have you ever had any Federal debt written off as uncollectible or had any Federal Service payment obligation waived?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you in default on any educational loans? <i>If yes, explain:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your employer contributing toward your education debt? <i>If yes, explain the terms of the agreements and the amount the employer contributes and include documentation with your application:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving benefits or loan forgiveness assistance for your educational debt under another program? <i>If yes, list program(s) and terms of assistance:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your site/organization contribute toward payment of your educational debt? <i>If yes, please explain the terms of agreement and the amount paid:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Last Name:	First Name:
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LOAN QUALIFICATIONS:

The term “qualifying loan” is understood to have the same meaning as “student loan” in 42 U.S.C. §3797cc-21(b)(3):

- (1) A loan made, insured, or guaranteed under part B of subchapter IV of chapter 28 of Title 20;
- (2) A loan made under part C or D of subchapter IV of chapter 28 of Title 20; and
- (3) A loan made under section 1078-3 or 1087e(g) of Title 20.

Further, the term “qualifying loan” is expressly understood not to include any of the following loans:

- (1) A loan made to the parents of a dependent student under section 1078-2 of Title 20.
- (2) A Federal Direct PLUS Loan made to the parents of a dependent student.
- (3) A loan made under section 1078-3 or 1087e(g) of Title 20 to the extent that such loan was used to repay a loan described in sub. (1) or (2) above.

You will need to list loan repayment details for each Holder/Service as of the date of this application. If you are including a consolidation loan(s), please refer to the Loan Qualifications section above.

Please list all loans. The first loan listed will be the lender for which your benefits are paid until that lender is paid in full. Then any additional payments will be directed to the next lender, etc. until all funds are exhausted, debts are paid and/or your participation in the program is complete.

1. Lender Name	
Address	
City, State, Zip Code	
Area Code/Telephone	
Outstanding Balance	\$
Monthly Payment Amount	\$
Account Number	
2. Lender Name	
Address	
City, State, Zip Code	
Area Code/Telephone	
Outstanding Balance	\$
Monthly Payment Amount	\$
Account Number	
TOTAL OUTSTANDING DEBT:	\$
TOTAL MONTHLY PAYMENT	\$

You may make copies of this page for additional lenders if necessary.

Last Name:

First Name:

NOTE: If you qualify for the Public Service Loan Forgiveness (PSLF) or any other loan assistance repayment program(s), we recommend that you contact the Federal Direct Loan Servicer or administrator of the program(s) to determine how receiving funds through the John R. Justice State Loan Repayment Program (JRJSLRP) will impact your eligibility.

Before submitting your application, carefully read the entire application packet. Please make sure you type or print your answers neatly in ink.

I understand that an application will not be considered complete unless the following documents are all submitted. All attachments and this application must be submitted as one packet.

1. **Application:** Complete and sign the 2015-16 John R. Justice State Loan Repayment Program Application form.
2. **Proof of Employment:** Complete the top portion of the Employment Verification Form and have your employer complete the lower portion of the form. The applicant's employer (or future employer in the case of recruited attorneys) is to certify the following:
 - a. The employer is an eligible employing entity under the John R. Justice Prosecutors and Defenders Incentive Act.
 - b. The attorney seeking benefits meets the definition of "prosecutor" or "public defender" under the Act; and
 - c. The employer verifies employment (or an accepted offer of employment in the case of a recruited attorney) for the individual who seeks repayment benefits.
3. **Loan Information:** Submit pertinent loan information regarding your loans. Be aware that upon program acceptance, applicants must provide appropriate documentation and lender statements to verify loan debt. Please complete and submit a Loan Verification Form for each lender. Include all eligible lenders as you will not be able to add a lender after the application packet has been submitted.
4. **Service Agreement:** Complete and sign the John R. Justice Loan Repayment Program Service Agreement.

Certification

- ☐ *I have read and understand the John R. Justice Student Loan Repayment Program (JRJSLRP) Service Agreement and certify that I meet the eligibility criteria as stated on the agreement;*
- ☐ *I understand that the complete application packet must be postmarked no later than July 31, 2015;*
- ☐ *I will provide proof of the information I have given on this application if requested;*
- ☐ *I certify that I am not in default on any federal student loans;*
- ☐ *and all of the information on this application and accompanying documents are true and complete to the best of my knowledge.*

Applicant Signature

Date

INTERPRETATION

The terms of this application that are subject to interpretation shall be construed in the light of the legislation establishing the John R. Justice Prosecutors and Defenders Incentive Act (hereinafter referred to as the "Act"), codified at 42 U.S.C. 3797cc-21), the Bureau of Justice Assistance (BJA) and any other applicable federal and state of Washington statutes and regulations. If any provision of this application violates any statute or rule of law of the state of Washington, it is considered modified to conform to that statute or rule of law. The provisions of this application are intended to be severable.